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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	B-38
	First Named Inventor	Markis, John Emanuel
	COMPLETE IF KNOWN	
	Application Number	10 / 034,346
	Filing Date	12/20/2001
	Group Art Unit	3651
	Examiner Name	Unassigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Methods and Apparatus for Acquiring and Using Bedside Medical Data

the specification of which (Title of the Invention)
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) 12/20/2001 as United States Application Number or PCT International Application Number 10/034,346 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/257,088	12/20/2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
E. John				Groener			
Inventor's Signature	<i>E. John Groener</i>					Date	4/16/02
Residence: City	Acton	State	MA	Country	USA	Citizenship	USA
Post Office Address	191 Nagog Hill Road						
Post Office Address							
City	Acton	State	MA	ZIP	01730	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard H.				Baker			
Inventor's Signature						Date	
Residence: City	Bedford	State	MA	Country	USA	Citizenship	U.S.A.
Post Office Address	26 Wildwood Drive						
Post Office Address							
City	Bedford	State	MA	ZIP	01730	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
William S.				Oncay			
Inventor's Signature						Date	
Residence: City	Whitinsville	State	MA	Country	USA	Citizenship	USA
Post Office Address	6 Heritage Drive						
Post Office Address							
City	Whitinsville	State	MA	ZIP	01588	Country	USA

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
E. John				Groener.			
Inventor's Signature						Date	
Residence: City	Acton	State	MA	Country	USA	Citizenship	USA
Post Office Address	191 Nagog Hill Road						
Post Office Address							
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Given Name (first and middle [if any])				Family Name or Surname			
Richard H.				Baker			
Inventor's Signature	Richard H. Baker					Date	4/16/02
Residence: City	Bedford	State	MM	Country	USA	Citizenship	U.S.A.
Post Office Address	26 Wildwood Drive						
Post Office Address							
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PTO/SB/01 (12-97)

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 021253

OR
☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

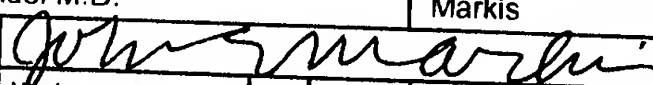
Direct all correspondence to: ☒ Customer Number or Bar Code Label 021253 OR ☐ Correspondence address below

Name	Charles G. Call				
Address	Patent Attorney				
Address	53 Saint Stephen Street				
City	Boston	State	MA	ZIP	02115
Country	U.S.A.	Telephone	(617) 266-2925	Fax	(508) 629-6540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
John Emmanuel M.D.		Markis	
Inventor's Signature			Date 4-16-02
Residence: City	Waban	State	MA
		Country	U.S.A.
		Citizenship	USA
Post Office Address	15 Gammons Road		
Post Office Address			
City	Waban	State	MA
		ZIP	02468
		Country	U.S.A.

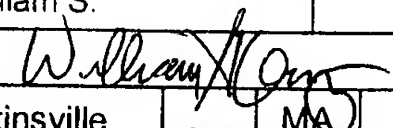
☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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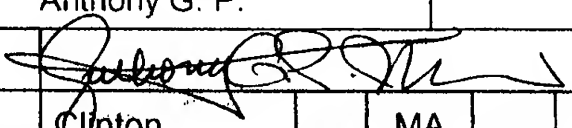
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Anthony G. P.				Marini			
Inventor's Signature				Date		4/13/2002	
Residence: City		Clinton		State		MA	
				Country		U.S.A.	
Post Office Address		93 Highland Street					
Post Office Address							
City		Clinton		State		MA	
				ZIP		01510	
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
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